

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

7276.36

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

05/30/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 28991203520
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Mailing Address
146 S Oxford Ave #1

Amount

472.58

City State Zip Code
Los Angeles CA 90004

Purpose of Expenditure
salary

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 26211.01

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Joshua Sabato

Date

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Mailing Address
611 Lead Ave SW #505

Amount

236.34

City State Zip Code
Albuquerque NM 87102

Purpose of Expenditure
salary

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 3072.26

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
David Kirk

Date

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Mailing Address
3017 Stevenson Place

Amount

206.75

City State Zip Code
Washington DC 20015

Purpose of Expenditure
salary

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2842.88

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

915.67

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 28991203521
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Brian McGann

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Mailing Address
3908 Victoria Oaks Trail

Amount

147.66

City State Zip Code
Annandale VA 22003

Purpose of Expenditure
salary

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Check One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Calendar Year-To-Date Per Election
for Office Sought 1971.25

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Liam Flynn

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Mailing Address
283 Rimbly Ave

Amount

147.66

City State Zip Code
Gahanna OH 43230

Purpose of Expenditure
salary

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Check One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Calendar Year-To-Date Per Election
for Office Sought 1919.74

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Mailing Address
611 Lead Ave SW #502

Amount

10.00

City State Zip Code
Albuquerque NM 87102

Purpose of Expenditure
Parking

Category/
Type

Office Sought: ☐ House State: NM
☒ Senate
☐ President District: _____

Check One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Steve Pearce

Calendar Year-To-Date Per Election
for Office Sought 26211.01

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

305.32

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8Mailing Address
146 S Oxford Ave #1

Amount

2363.07

City

Los Angeles

State

CA

Zip Code

90004

Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

26211.01

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Joshua Sabato

Date

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8Mailing Address
611 Lead Ave SW #505

Amount

1181.54

City

Albuquerque

State

NM

Zip Code

87102

Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

3072.26

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
David Kirk

Date

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8Mailing Address
3017 Stevenson Place

Amount

1033.84

City

Washington

State

DC

Zip Code

20015

Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

2842.88

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

4578.45

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Brian McGann

Date

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8Mailing Address
3908 Victoria Oaks Trail

Amount

738.46

City
AnnandaleState
VAZip Code
22003Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1971.25

Full Name (Last, First, Middle Initial) of Payee
Liam Flynn

Date

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8Mailing Address
283 Rimbey Ave

Amount

738.46

City
GahannaState
OHZip Code
43230Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1919.74

(a) SUBTOTAL of Itemized Independent Expenditures

1476.92

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

7276.36